Olanzapine long-acting (depot) injection for schizophrenia

NHS Devon

Commissioning policy

The commissioning of olanzapine long-acting (depot) injection is accepted in Devon for the treatment of patients with schizophrenia who are non-adherent to antipsychotic medication or first-generation antipsychotic depot injections are not clinically appropriate.

Olanzapine long-acting injection is associated with post-injection syndrome. Olanzapine should only be given in healthcare facilities where administration of the injection and observation of patients post-injection can be undertaken safely and for the required period of time.

Rationale for the decision

Olanzapine long-acting injection was compared with the oral formulation in a double-blind randomised controlled trial. Analysis of individual patient data indicated that the relapse rate for the long-acting injection is similar to or lower than the relapse rate for the equivalent oral dose. The metabolic risk associated with the long-acting injection is considered to be similar to the oral formulation. Meta-analyses have shown that olanzapine has a lower risk of relapse, all-cause treatment discontinuation and extrapyramidal symptoms than first generation antipsychotics.

A cost-effectiveness analysis indicated that olanzapine long-acting injection would be expected to be value for money for the NHS in patients who are non-adherent to antipsychotic medication. The need for an additional depot treatment option is recognised particularly in the management of high-risk patients. Olanzapine long-acting injection is commissioned when there is a lack of insight and overt non-adherence to treatment and where avoiding covert non-adherence (whether intentional or non-intentional) to antipsychotic medication is a clinical priority within the treatment plan.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the ICB upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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